

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29751

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. St. Ward)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 126

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Blk. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1944

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 10 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Saline Co Mo.

PARENTS

10. NAME OF FATHER Frank Molding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

12. MAIDEN NAME OF MOTHER Louise Washington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

14. INFORMANT Mrs Louise Johnson

(Address) Marshall Mo

15. FILED 8-15-29 Mrs John H. McLeire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9th 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 27 1929, to Aug 9 1929 that I last saw her alive on Aug 9th 1929 and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial Nephritis.
1:40 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Uremic Coma
(duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Marshall Mo.

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam.

(Signed) W. H. Madison, M. D.

8/10 1929 (Address) Marshall Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Fairview Cem. Aug 12 19 29

20. UNDERTAKER ADDRESS

L. R. Vandiver Marshall Mo.

1988-89